

APPENDIX 11
ALLOWABLE VISION CARE PLACE OF SERVICE (POS) CODES
AND TYPE OF SERVICE (TOS) CODES FOR VISION CARE PROCEDURE CODES

POS **Description**

0	Other
1	Inpatient Hospital
2	Outpatient Hospital
3	Office
4	Home
7	Nursing Home
8	Skilled Nursing Facility
B	Ambulatory Surgery Center

TOS

J	Vision Services (including <u>all</u> optometrist and optician services, as well as dispensing, materials and repair by an ophthalmologist)
1	Medical Care (ophthalmologist only)
2	Surgery (ophthalmologist only)
3	Consultations
4	Ultrasound Total or Complete Procedure (including professional and technical components)
Q	Ultrasound Professional Component (interpretation)